### BEST AVAILABLE COPY

Application or Docket Number

#### PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Lilective December 23, 1333											
			AIMS AS FILED - PA (Column 1)		ART I (Column 2)		LL I	ENTITY	OR	OTHER SMALL I	
FC	R	NUMBE	R FILED	NUMBER E	EXTRA	RA	Έ	FEE		RATE	FEE
ВА	SIC FEE							345.00	OR	- A4	690.00
ŤΟ	TAL CLAIMS	5	minus 20	0= - 32	. 32		9=		OR	X\$18=	5760
INDEPENDENT CLAIMS H min			minus 3	3 = * /	X39	}=		OR	X78=	18.00	
MULTIPLE DEPENDENT CLAIM PRESENT						+13	0=		OR	+260=	
* If	the difference	TOT	AL		OR	TOTAL	1,344.0				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA <sup>-</sup>	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE,
<b>AMENDMENT</b>	Total	. 60	Minus	52	= 18	X\$	9=		OR	X\$18=	144.01
ME	Independent	· 7	Minus	··· 4	=3	X3:	9=		OR	X78=	23400
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLAIM		+13	0=		OR	+260=	
						TO ADDIT	OTAL		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)						ree		4	ADDIT. FEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**	=	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	ХЗ	9=		OR	X78=	
	FIRST PRESE	NIATION OF M	ULTIPLE DEF	PENDENT CLAIM		+13	0=		OR	+260=	
						T ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	**	=	X\$	9= ·		OR	X\$18=	
	Independent	*	Minus	***	=	ХЗ	9=		1	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			1		-	-	OR		<b></b>	
	If the entry in colum	mn 1 is lose than t	he entry in colu	mn 2 write "0" is c	olumn 3	+13			OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09523935

### Total Fée Calculation

					-		
	For Code	Tarat # Otom:	Soumber Exten	ų	F	F-1: /	Tatal
,	Similar (C.)				Sia Earley	Li fanci	<u> </u>
Carlo Filing Fee	201-101	$\sim$	<b>a</b> 6		*		. 69000
Taul Claim: >20	201/101	50	33	X		<del></del>	5760
Independent Claum; >;	20000	<u> </u>		X			2800
Multi-Beg Claim Prisont	204. (1)4						
Gertharge	20 (24)						13000
English Translation	110						
TOTAL FEE CALCULA	<u> [[[]]]</u>	•					1,4740
Fees due upon filing th	s Application						
Total Filing Fees One =	s	1.474	<u></u>				
Less Filing Fees Submit	ned - \$		<del></del>				
BALANCE DUE  Coffice of Initial Patch E	ander Carrier	1,474 d					
FORM OIPE-RAM-01 (Rev. 1	[ <del>]</del>	Ligur	c 7				